

## Subgrant Project Application

\* Fields marked with an asterisk (\*) are *required*.

\* Application Title: \_\_\_\_\_  
 \* Subgrant Applicant: \_\_\_\_\_  
 \* Application Number: \_\_\_\_\_  
 \* Application Year: \_\_\_\_\_  
 \* Grant Type: \_\_\_\_\_  
 \* Address: \_\_\_\_\_

Applicant Information	
* Name of Applicant	
* State	
Congressional District	
* Type of Applicant	<input type="checkbox"/> State Government <input type="checkbox"/> Local Government <input type="checkbox"/> Indian Tribal Government <input type="checkbox"/> Special Governmental District <input type="checkbox"/> Eligible Private Non-Profit <input type="checkbox"/> Other
If Eligible Private Non-Profit,  Describe the legal status, function, and facilities owned:	
State Tax Number: (e.g. 11-111111)	
Federal Tax Number: (e.g. 11-111111)	
If Other, please specify:	
* Federal Employer Identification Number (EIN). <i>If Indian Tribe, this is Tribal Identification Number.</i>	
What is your DUNS Number?	
* Are you the application preparer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
* Is the application preparer the Point of Contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No
* Is application subject to review by Executive Order 12372 Process?	<input type="checkbox"/> Yes. This preapplication/application was made available to the Executive Order 12372 Process for review on: _____ (MM-DD-YYYY e.g. 02-05-2003)  <input type="checkbox"/> No. Program is not covered by E.O. 12372 or program has not been selected by state for review
* Is the applicant delinquent on any Federal debt?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, type explanation:	
* Community (sub-applicant):	
* Is this a small, impoverished community?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Contact Information	
Point of Contact Information	
Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.
* First Name	
Middle Initial	
* Last Name	
Title	
* Agency/Organization	
* Address 1	
Address 2	
* City	
* State	
* ZIP	
* Phone	
Fax	
* Email	
Alternate Point of Contact Information	
Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.
First Name	
Middle Initial	
Last Name	
Title	
Agency/Organization	
Address 1	
Address 2	
City	
State	
ZIP	
Phone	
Fax	
Email	

<b>* Community Information</b>							
<i>Please provide the name of each community that will benefit from this mitigation activity.</i>							
County Code	Community Name	CID Number	CRS Community	CRS Rating	State Legislative District	US Congressional District	State

Community Profile:

If you would like to make any comments, please enter them below

Attachments (List all Attachments related to this Section)

<b>Mitigation Plan Information</b>	
* Is the entity that will benefit from the proposed activity covered by a current FEMA-approved multihazard mitigation plan in compliance with the Disaster Mitigation Act of 2000?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known
<b><i>If yes, please answer the following:</i></b>	
* What is the name of the plan?	
* What is the type of plan?	<input type="checkbox"/> Local Multi Jurisdictional Multihazard Mitigation Plan <input type="checkbox"/> Local Multihazard Mitigation Plan <input type="checkbox"/> Tribal (Local) MultiJurisdictional Multihazard Mitigation Plan <input type="checkbox"/> Tribal (Local) Multihazard Mitigation Plan
* When was the current multihazard mitigation plan approved by FEMA?	
* Describe how the proposed activity relates to or is consistent with the FEMA-approved mitigation plan.	
<b><i>If no or not known, please answer the following:</i></b>	
* Does the entity have any other mitigation plans adopted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known
<b><i>If yes, please provide the following</i></b>	

<b>information.</b>	
Plan Name	
Plan Type	
Date Adopted	
Attachment	
* Does the State/Tribe in which the entity is located have a current FEMA-approved mitigation plan in compliance with the Disaster Mitigation Act of 2000?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, please answer the following:</b>	
* What is the name of the plan?	
* What is the type of plan?Enhanced State Multi-hazard Mitigation Plan	<input type="checkbox"/> Enhanced Tribal Multi-hazard Mitigation Plan <input type="checkbox"/> Standard State Multi-hazard Mitigation Plan <input type="checkbox"/> Standard Tribal Multi-hazard Mitigation Plan <input type="checkbox"/> State Mitigation Plan - Pre DMA2000
* When was the current mitigation plan approved by FEMA?	
* Describe how the proposed activity relates to or is consistent with the State/Tribe's FEMA-approved mitigation plan.	
If you would like to make any comments, please enter them below.	
Attachments (List all Attachments related to this Section):	

<b>Mitigation Activity Information</b>	
* What type of activity are you proposing? (e.g., Acquisition & Demolition or Acquisition & Relocation)	
If you selected Other or Miscellaneous, above, please specify:	
* Title of your proposed activity (should include the type of activity and location):	
* Are you doing construction in this project?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you would like to make any comments, please enter them below.	

Attachments (List all Attachments related to this Section):

### Hazard Information

Problem Description: please describe the problem to be mitigated. Include the geographic area in your description.

Enter the Latitude and Longitude coordinates for the project area.

Latitude:

Longitude:

**Hazards** *Select hazards to be mitigated:*

- ☐ Coastal Storm
- ☐ Dam/Levee Break
- ☐ Flood
- ☐ Hurricane
- ☐ Mud/Landslide
- ☐ Other
- ☐ Severe Storm(s)
- ☐ Snow
- ☐ Special Events
- ☐ Tropical Cyclones
- ☐ Tsunami
- ☐ Typhoon

If other hazards, please specify

If you would like to make any comments, please enter them below.

Attachments (List all Attachments related to this Section):

### FIRM Information

\* Is the project located within hazard area?

- ☐ Yes, Floodway
- ☐ Yes, Floodplain
- ☐ Other identified high hazard area
- ☐ No

If other identified high hazard area, please specify:

\* Is there a Flood Insurance Rate Map (FIRM) or Flood Hazard Boundary Map (FHBM) available for your project area?

- ☐ Yes
- ☐ No

***If you have selected Yes, the following three fields are required:***

Enter FIRM Panel Number (if applicable):

Mark your project site on the FIRM/FHBM (even if it is out of the floodplain)	<input type="checkbox"/> Electronic map attached <input type="checkbox"/> Hard copy provided <input type="checkbox"/> Not Applicable
Select Flood Zone Designation	<input type="checkbox"/> C, X <input type="checkbox"/> B, X <input type="checkbox"/> N <input type="checkbox"/> AR <input type="checkbox"/> A99 <input type="checkbox"/> A1-30, AE <input type="checkbox"/> A <input type="checkbox"/> A0 <input type="checkbox"/> V0 <input type="checkbox"/> AH <input type="checkbox"/> V1-30, VE <input type="checkbox"/> V <input type="checkbox"/> E <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> P

### Scope of Work

\* What are the goals and objectives of this activity?

\* Briefly describe the need for this activity.

\* Describe the problems this activity will address.

\* Describe the methodology for implementing this activity.

If you would like to make any comments, please enter them below.

Attachments (List all Attachments related to this Section):

### Enter Work Schedule

Description Of Task	Starting Point	Unit of Time	Duration	Unit of Time	Work Complete By

\* Estimate the total duration of the proposed activity:

Day(s)  
 Week(s)  
 Month(s)  
 Year(s)

### Properties

Property Owner's Name	Address	City	State	Zip Code	* Activity:


**Complete Property information for each property proposed under this project.**

<b>Address of Property to be Mitigated:</b>	
* Address line 1	
Street Number:	
Direction (East, North, North East, etc.)	
Street Name:	
Street Type (ex., : Avenue, Boulevard, Road, Street, Highway, Way, etc.)	
Direction (East, North, North East, etc.)	
Address line 2	
Unit Type (ex., Building, Lot, Slip, Trailer, etc.)	
Number:	
* City	
* County	
* State	
* ZIP	
<b>Owner Information:</b> If the owner is an organization, then split this information in the First and Last Name.	
* First Name	
Middle Name	
* Last Name	
Home Phone	
Office Phone	
Cell Phone	
Other Phone	
<b>Owner's Mailing Address</b>	<u>    </u> check if this address is the same as Property Address above
* Address line 1	
Street Number:	
Direction (East, North, North East, etc.)	
Street Name:	
Street Type (ex., : Avenue, Boulevard, Road, Street, Highway, Way, etc.)	
Direction (East, North, North East, etc.)	
Address line 2	
Unit Type (ex., Building, Lot, Slip, Trailer, etc.)	
Number:	
* City	
* County	
* State	
* ZIP	
*Does this property have a co-owner?	<u>    </u> Yes <u>    </u> No
<b>If Yes, Enter Co-Owner Information:</b>	
* First Name	



Middle Name	
* Last Name	
Home Phone	
Office Phone	
Cell Phone	
Other Phone	
<b>Owner's Mailing Address</b>	<u>      </u> check if this address is the same as Property Address above
* Address line 1	
Street Number:	
Direction (East, North, North East, etc.)	
Street Name:	
Street Type (ex., : Avenue, Boulevard, Road, Street, Highway, Way, etc.)	
Direction (East, North, North East, etc.)	
Address line 2	
Unit Type (ex., Building, Lot, Slip, Trailer, etc.)	
Number:	
* City	
* County	
* State	
* ZIP	
<b>Property Information:</b>	
Age of structure (year built)	
SHPO Review	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown
SHPO Reviewed Date	
* Structure Type	<input type="checkbox"/> 2-4 Family <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Multi-Family Dwelling - 5 or More Units <input type="checkbox"/> Non-residential - Private <input type="checkbox"/> Non-residential - Public <input type="checkbox"/> Other (Specify in Comments) <input type="checkbox"/> Single Family <input type="checkbox"/> Vacant Land
If Other Structure Type, please specify	
Foundation type	<input type="checkbox"/> Basement <input type="checkbox"/> Crawl Space <input type="checkbox"/> Elevated on Piers, Piles, Posts or Columns <input type="checkbox"/> Other (Specify in Comments) <input type="checkbox"/> Slab on Grade <input type="checkbox"/> Vacant Land
If Other Foundation Type, please specify	
Basement	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Residence	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Other

	<input type="checkbox"/> Owner Occupied- Secondary Residence <input type="checkbox"/> Owner Occupied-Principal Residence <input type="checkbox"/> Rental
If Other Type of Residence, please specify	
Parcel Number	
Property Tax Identification Number	
Latitude	
Longitude	
NFIP Policy Number	
Insurance Policy Provider	
* Select hazards to be mitigated:	<input type="checkbox"/> Coastal Storm <input type="checkbox"/> Dam/Levee Break <input type="checkbox"/> Flood <input type="checkbox"/> Hurricane <input type="checkbox"/> Mud/Landslide <input type="checkbox"/> Other <input type="checkbox"/> Severe Storm(s) <input type="checkbox"/> Snow <input type="checkbox"/> Special Events <input type="checkbox"/> Tropical Cyclones <input type="checkbox"/> Tsunami <input type="checkbox"/> Typhoon
If other hazards, please specify	
* Damage Category	<input type="checkbox"/> 0-49% Damaged <input type="checkbox"/> 100% Damaged <input type="checkbox"/> 50-99% Damaged <input type="checkbox"/> Not Applicable
Pre-Event Fair Market Value	
Benefit Cost Analysis Performed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Benefit Cost Ratio	
Repetitive Loss Structure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Repetitive Loss Number	
Number of Losses	<input type="checkbox"/> 2-3 Losses Cumulatively > building Fair Market Value <input type="checkbox"/> 2-3 Losses Cumulatively <= building Fair Market Value <input type="checkbox"/> 4 or More insured losses since 1978 <input type="checkbox"/> Not Applicable
Legal Description	

<b>Property Information II:</b>	
* Primary Property Action	<input type="checkbox"/> Acquisition of Vacant Land <input type="checkbox"/> Acquisition/Demolition <input type="checkbox"/> Acquisition/Relocation <input type="checkbox"/> Other
If Other Primary Action, please specify	
Flood Hazard	
Base Flood Elevation feet	
First Floor Elevation feet	
Flood Source	<input type="checkbox"/> Closed Basin <input type="checkbox"/> Coastal Basin <input type="checkbox"/> Other <input type="checkbox"/> Riverine Flooding <input type="checkbox"/> Stormwater Runoff <input type="checkbox"/> If Other Flood Source, please specify
Is the property located within	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Floodway <input type="checkbox"/> Floodplain <input type="checkbox"/> Other identified high hazard area
If Other Location, please specify	
<b>FIRM Information (Flood Maps)</b>	
Is there a Flood Insurance Rate Map (FIRM) or other Flood Maps available for your project area?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Is the property site marked on the map?	<input type="checkbox"/> Yes, map attached <input type="checkbox"/> No, hard copy of map will be provided <input type="checkbox"/> Not Applicable
Select Flood Zone Designation	C, X B, X N AR A99 A1-30, AE A A0 V0 AH V1-30, VE V E M D P
If Other Flood Zone Designation, please specify	

Community Name on FIRM	
CID Number	
FIRM Panel Number	
Effective Date of FIRM	
Comments	
Attachments (List all Attachments related to this Section):	

Decision Making Process
<p>Describe the process you used to decide that this project is the best solution to the problem. Below are some questions to consider as you write your narrative:</p> <ul style="list-style-type: none"> <li>• Are you focusing on the area in your community that has the greatest potential for losses?</li> <li>• Have you considered the risks to critical facilities and structures and benefits to be obtained by mitigating this vulnerability?</li> <li>• Have you considered those areas or projects that present the greatest opportunities given the current situation and interest in your community?</li> <li>• Are you addressing a symptom or the source of the problem? Addressing the source of the problem is a long-term solution which provides the most mitigation benefits.</li> <li>• If impacts to the environmental/historic preservation, natural, cultural or historic resources have been identified, explain how your alternatives and proposed project address, minimize, or avoid these impacts?</li> <li>• Explain why this project is the best alternative.</li> </ul>
<p>If you would like to make any comments, please enter them below.</p>
<p>Attachments (List all Attachments related to this Section).</p>

<b>* Cost Estimate</b>							
Item Name	Cost Classification	Grant Budget Class	Subgrant Budget Class	Unit Quantity	Unit of Measure	Unit Cost (\$)	Cost Estimate (\$)
* Total Cost Estimate\$							

<b>Match Sources</b>			
Total Cost Estimate			
Federal Share Percentage			
Non-Federal Share Percentage			
	Dollars	Percentage	
* Proposed Federal Share \$ %			
* Proposed Non-Federal Share \$ %			
<b>* Matching Funds</b>			
Source Agency (Local, Stes, etc.)	Name of Source Agency	Funding Type (cash, in-kind)	Amount (\$)
Grand Total\$			
If you would like to make any comments, please enter them below.			
Attachments (List all Attachments related to this Section):			

<b>Cost Effectiveness Information</b> <i>Attach the Benefit Cost Analysis (BCA), if completed for this project</i>
* What is the source and type of the problem?
* How frequent is the event?
* How severe is the damage?
* What kind of properties are at risk?

<p>* Are there better, alternative ways to solve the problem?</p>	
<p>* Are the mitigation project costs well documented and reasonable?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If you would like to make any comments, please enter them below.</p>	
<p>Attachments (List all Attachments related to this Section):</p>	

Damage History			
* Date	* Event	* Description of Damage	* Amount of Damage
Total Amount of Damage\$			

Environmental & Historic Preservation	
A. National Historic Preservation Act - Historic Buildings and Structures	
<p>* 1. Does your project affect or is it in close proximity to any buildings or structures 50 years or more in age?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known</p>
If Yes, you must confirm that you have provided the following:	
<b>Check (X) all that apply.</b>	
	The property address and original date of construction for each property affected (unless this information is already noted in the Properties section),
	A minimum of two color photographs showing at least three sides of each structure (Please label the photos accordingly),
	A diagram or USGS 1:24,000 scale quadrangle map displaying the relationship of the property(s) to the project area.
To help FEMA evaluate the impact of the project, please indicate below any other information you are providing:	
<b>Check (X) all that apply.</b>	
	Information gathered about potential historic properties in the project area, including any evidence indicating the age of the building or structure and presence of buildings or structures that are listed or eligible for listing on the National Register of Historic Places or within or near a National Register listed or eligible historic district. Sources for this information may include the State Historic Preservation Officer, and/or the Tribal Historic Preservation Officer (SHPO/THPO), your local planning office, historic preservation organization, or historical society.
	Consideration of how the project design will minimize adverse effects on known or potential historic buildings or structures, and any alternatives considered or implemented to avoid or minimize effects on historic buildings or structures. Please address and note associated costs in your project budget.

	For acquisition/demolition projects affecting historic buildings or structures, any data regarding the consideration and feasibility of elevation, relocation, or flood proofing as alternatives to demolition.
	Attached materials or additional comments.
Please enter your comments below (If you selected Yes or Not Known above, please indicate why in the text box below and any information about this project that could assist FEMA in its review.):	
Attachments (List all Attachments related to this Section):	
<b>B. National Historic Preservation Act - Archeological Resources</b>	
* 1. Does your project involve disturbance of ground?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
If Yes, you must confirm that you have provided the following:	
<b>Check (X) all that apply.</b>	
	A description of the ground disturbance by giving the dimensions (area, volume, depth, etc.) and location
	The past use of the area to be disturbed, noting the extent of previously disturbed ground.
	A USGS 1:24,000 scale or other site map showing the location and extent of ground disturbance.
To help FEMA evaluate the impact of the project, please indicate below any other information you are providing:	
<b>Check (X) all that apply.</b>	
	Any information about potential historic properties, including archeological sites, in the project area. Sources of this information may include SHPO/THPO, and/or the Tribe's cultural resources contact if no THPO is designated. Include, if possible, a map showing the relation of any identified historic properties to the project area.
	Attached materials or additional comments.
Please enter your comments below (If you selected Yes or Not Known above, please indicate why in the text box below and any information about this project that could assist FEMA in its review.):	
Attachments (List all Attachments related to this Section):	
<b>C. Endangered Species Act and Fish and Wildlife Coordination Act</b>	
* 1. Are Federally listed threatened or endangered species or their critical habitat present in the area affected by the project?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
If Yes, you must confirm that you have provided the following:	
<b>Check (X) all that apply.</b>	
	Information you obtained to identify species in or near the project area. Provide the source and date of the

information cited.	
To help FEMA evaluate the impact of the project, please indicate below any other information you are providing:	
<b>Check (X) all that apply.</b>	
<input type="checkbox"/>	Any request for information and associated response from the USFWS, the National Marine Fisheries Service (NMFS) (for affected ocean-going fish), or your State Wildlife Agency, regarding potential listed species present and potential of the project to impact those species.
<input type="checkbox"/>	Attached materials or additional comments.
Please enter your comments below (If you selected Yes or Not Known above, please indicate why in the text box below and any information about this project that could assist FEMA in its review.):	
* 2.Does your project remove or affect vegetation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
If Yes, you must confirm that you have provided the following:	
<b>Check (X) all that apply.</b>	
<input type="checkbox"/>	Description of the amount (area) and type of vegetation to be removed or affected.
<input type="checkbox"/>	A site map showing the project area and the extent of vegetation affected.
<input type="checkbox"/>	Photographs or digital images that show both the vegetation affected and the vegetation in context of it surroundings.
<input type="checkbox"/>	To help FEMA evaluate the impact of the project, please indicate below any other information you are providing:
<input type="checkbox"/>	Attached materials or additional comments.
Please enter your comments below (If you selected Yes or Not Known above, please indicate why in the text box below and any information about this project that could assist FEMA in its review.):	
* 3.Is your project in, near (within 200 feet), or likely to affect any type of waterway or body of water?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
If Yes, and project is not within an existing building, you must confirm that you have provided the following:	
<b>Check (X) all that apply.</b>	
<input type="checkbox"/>	A USGS 1:24,000 scale quadrangle map showing the project activities in relation to all nearby water bodies (within 200 feet).
<input type="checkbox"/>	Any information about the type of water body nearby including: its dimensions, the proximity of the project activity to the water body, and the expected and possible changes to the water body, if any. Identify all water bodies regardless whether you think there may be an effect
<input type="checkbox"/>	A photograph or digital image of the site showing both the body of water and the project area.
To help FEMA evaluate the impact of the project, please indicate below any other information you are providing:	
<b>Check (X) all that apply.</b>	
<input type="checkbox"/>	Evidence of any discussions with the US Fish and Wildlife Service (USFWS), and/or your State Wildlife Agency concerning any potential impacts if there is the potential for the project to affect any water body.
<input type="checkbox"/>	Attached materials or additional comments.
Please enter your comments below (If you selected Yes or Not Known above, please indicate why in the text box below and any information about this project that could assist FEMA in its review.):	



Attachments (List all Attachments related to this Section):

#### **D.Clean Water Act, Rivers and Harbors Act, and Executive Order 11990 (Protection of Wetlands)**

\* 1. Will the project involve dredging or disposal of dredged material, excavation, adding fill material or result in any modification to water bodies or wetlands designated as "waters of the U.S" as identified by the US Army Corps of Engineers or on the National Wetland Inventory?

☐ Yes  
☐ No  
☐ Not known

If Yes, you must confirm that you have provided the following:

#### **Check (X) all that apply.**

Documentation of the project location on a USGS 1:24,000 scale topographic map or image and a copy of a National Wetlands Inventory map or other available wetlands mapping information.

To help FEMA evaluate the impact of the project, please indicate below any other information you are providing:

Request for information and response letter from the US Army Corps of Engineers and/or State resource agencies regarding the potential for wetlands, and applicability of permitting requirements.

Evidence of alternatives considered to eliminate or minimize impacts to wetlands.

Attached materials or additional comments.

Please enter your comments below (If you selected Yes or Not Known above, please indicate why in the text box below and any information about this project that could assist FEMA in its review.):

Attachments (List all Attachments related to this Section):

#### **E. Executive Order 11988 (Floodplain Management)**

\* 1. Does a Flood Insurance Rate Map (FIRM), Flood Hazard Boundary Map (FHBM), hydrologic study, or some other source indicate that the project is located in or will affect a 100 year floodplain, a 500 year floodplain if a critical facility, an identified regulatory floodway, or an area prone to flooding?

☐ Yes  
☐ No  
☐ Not known

If Yes, please indicate in the text box below any documentation to identify the means or the alternatives considered to eliminate or minimize impacts to floodplains (See the 8 step process found in 44 CFR Part 9.6.) to help FEMA evaluate the impact of the project (If you selected Not Known above, please indicate why in the text box below and any information about this project that could assist FEMA in its review.):

\* 2. Does the project alter a watercourse, water flow patterns, or a drainage way, regardless of its floodplain designation?

☐ Yes  
☐ No  
☐ Not known

If Yes, please indicate below any other information you are providing to help FEMA evaluate the impact of the project:

#### **Check (X) all that apply.**

	Hydrologic/hydraulic information from a qualified engineer to demonstrate how drainage and flood flow patterns will be changed and to identify down and upstream effects.
	Evidence of any consultation with US Army Corps of Engineers (may be included under Part D of the Environmental Information).
	Request for information and response letter from the State water resource agency, if applicable, with jurisdiction over modification of waterways.
	Attached materials or additional comments.
Please enter your comments below (If you selected Yes or Not Known above, please indicate why in the text box below and any information about this project that could assist FEMA in its review.):	
Attachments (List all Attachments related to this Section):	
<b>F. Coastal Zone Management Act</b>	
* 1. Is the project located in the State's designated coastal zone?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
If Yes, please indicate below any other information you are providing to help FEMA evaluate the impact of the project:	
<b>Check (X) all that apply.</b>	
	Information resulting from contact with the appropriate State agency that implements the coastal zone management program regarding the likelihood of the project's consistency with the State's coastal zone plan and any potential requirements affecting the cost or design of the proposed activity.
	Attached materials or additional comments.
Please enter your comments below (If you selected Yes or Not Known above, please indicate why in the text box below and any information about this project that could assist FEMA in its review.):	
Attachments (List all Attachments related to this Section):	
<b>G. Farmland Protection Policy Act</b>	
* 1. Will the project convert more than 5 acres of "prime or unique" farmland outside city limits to a non- agricultural use?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
Please enter your comments below (If you selected Yes or Not Known above, please indicate why in the text box below and any information about this project that could assist FEMA in its review.):	
Attachments (List all Attachments related to this Section):	
<b>H. RCRA and CERCLA (Hazardous and Toxic Materials)</b>	
* 1. Is there a reason to suspect there are	<input type="checkbox"/> Yes

contaminants from a current or past use on the property associated with the proposed project?	<input type="checkbox"/> No <input type="checkbox"/> Not known
If Yes, please indicate below any other information you are providing to help FEMA evaluate the impact of the project:	
<b>Check (X) all that apply.</b>	
<input type="checkbox"/>	Comments and any relevant documentation.
<input type="checkbox"/>	Results of any consultations with State or local agency to obtain permit with requirements for handling, disposing of or addressing the effects of hazardous or toxic materials related to project implementation.
<input type="checkbox"/>	Attached materials or additional comments.
Please enter your comments below (If you selected Yes or Not Known above, please indicate why in the text box below and any information about this project that could assist FEMA in its review.):	
* 2.Are there any studies, investigations, or enforcement actions related to the property associated with the proposed project?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
If Yes, please indicate below any other information you are providing to help FEMA evaluate the impact of the project:	
<b>Check (X) all that apply.</b>	
<input type="checkbox"/>	Comments and any relevant documentation.
<input type="checkbox"/>	Results of any consultations with State or local agency to obtain permit with requirements for handling, disposing of or addressing the effects of hazardous or toxic materials related to project implementation.
<input type="checkbox"/>	Attached materials or additional comments.
Please enter your comments below (If you selected Yes or Not Known above, please indicate why in the text box below and any information about this project that could assist FEMA in its review.):	
* 3.Does any project construction or operation activities involve the use of hazardous or toxic materials?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
If Yes, please indicate below any other information you are providing to help FEMA evaluate the impact of the project:	
<b>Check (X) all that apply.</b>	
<input type="checkbox"/>	Comments and any relevant documentation.
<input type="checkbox"/>	Results of any consultations with State or local agency to obtain permit with requirements for handling, disposing of or addressing the effects of hazardous or toxic materials related to project implementation.
<input type="checkbox"/>	Attached materials or additional comments.
Please enter your comments below (If you selected Yes or Not Known above, please indicate why in the text box below and any information about this project that could assist FEMA in its review.):	
* 4.Do you know if any of the current or past land-uses of the property affected by the proposed project or of the adjacent properties are associated with hazardous or toxic materials?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
If Yes, please indicate below any other information you are providing to help FEMA evaluate the impact of the project:	

<b>Check (X) all that apply.</b>	
	Comments and any relevant documentation.
	Results of any consultations with State or local agency to obtain permit with requirements for handling, disposing of or addressing the effects of hazardous or toxic materials related to project implementation.
	Attached materials or additional comments.
Please enter your comments below (If you selected Yes or Not Known above, please indicate why in the text box below and any information about this project that could assist FEMA in its review.):	
Attachments (List all Attachments related to this Section):	
<b>I.Executive Order 12898, Environmental Justice for Low Income and Minority Populations</b>	
* 1.Are there low income or minority populations in the project's area of effect or adjacent to the project area?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
If Yes, you must confirm that you have provided the following:	
<b>Check (X) all that apply.</b>	
	Description of any disproportionate and adverse effects to these populations.
To help FEMA evaluate the impact of the project, please indicate below any other information you are providing:	
<b>Check (X) all that apply.</b>	
	Description of the population affected and the portion of the population that would be disproportionately and adversely affected. Please include specific efforts to address the adverse impacts in your proposal narrative and budget.
	Attached materials or additional comments.
Please enter your comments below (If you selected Yes or Not Known above, please indicate why in the text box below and any information about this project that could assist FEMA in its review.):	
Attachments (List all Attachments related to this Section):	
<b>J. Other Environmental/Historic Preservation Laws or Issues</b>	
* 1.Are there other environmental/historic preservation requirements associated with this project that you are aware of?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please indicate in the text box below a description of the requirements, issues or public involvement effort.	
* 2.Are there controversial issues associated with this project?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
If Yes, please indicate in the text box below a description of the requirements, issues or public involvement effort (If you selected Not Known above, please indicate why in the text box below and any information about this project that could assist FEMA in its review.):	

* 3. Have you conducted any public meeting or solicited public input or comments on your specific proposed mitigation project?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please indicate in the text box below a description of the requirements, issues or public involvement effort.	
Attachments (List all Attachments related to this Section):	
<b>K. Summary and Cost of Potential Impacts</b>	
* 1. Having answered the questions in parts A. through J., have you identified any aspects of your proposed project that have the potential to impact environmental resources or historic properties?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, you must confirm that you have:	
<b>Check (X) all that apply.</b>	
<input type="checkbox"/>	Evaluated these potential effects and provided the materials required in Parts A through J that identify the nature and extent of potential impacts to environmental resources and/or historic properties.
<input type="checkbox"/>	Consulted with appropriate parties to identify any measures needed to avoid or minimize these impacts.
<input type="checkbox"/>	Considered alternatives that could minimize both the impacts and the cost of the project.
<input type="checkbox"/>	Made certain that the costs of any measures to treat adverse effects are realistically reflected in the project budget estimate.
Please enter your comments below (If you selected Yes above, please indicate why in the text box below and any information about this project that could assist FEMA in its review.):	
Attachments (List all Attachments related to this Section):	

<b>Maintenance Schedule and Costs</b>
Provide a maintenance schedule including cost information
Identify entity that will perform any long-term maintenance
If you would like to make any comments, please enter them below.
Attach letter from entity accepting performance responsibility

### Assurances and Certifications

**Check (X) all that are included.**

	Part I: FEMA Form 20-16A, Assurances Non-Construction Programs or FEMA Form 20-16B, Assurances Construction Programs.
	Part II: FEMA Form 20-16C, Certifications Regarding Lobbying; Debarment, Suspension and Other Responsibilities Matters; and Drug-Free Workplace Requirements.
	Part III: SF-LLL, Disclosure of Lobbying Activities (Complete only if applying for a grant of more than \$100,000 and have lobbying activities using Non-Federal funds. See Form 20-16C for lobbying activities definition.)

PAPERWORK BURDEN DISCLOSURE NOTICE: Public reporting burden for this information collection ranges from 5 minutes to 9.7 hours per response. Burden means the time, effort and financial resources expended by persons to generate, maintain, retain, disclose, or to provide information to us. You may send comments regarding the burden estimate or any aspect of the collection, including suggestions for reducing the burden to: Information Collections Management, U.S. Department of Homeland Security, Emergency Preparedness and Response Directorate, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (OMB Control Number 1660-0072). You are not required to respond to this collection of information unless a valid OMB control number appears in the upper right corner of this form. Note: Do not send your completed questionnaire to this address.